



2010 Youth Sailing Program



REGISTRATION CHECKLIST

Please follow these steps in registering your student. This will make it a lot easier on our registrar, and will help us to better manage class size and place your child in the correct level.

- 1. **Register** your student through the LWSA website – <http://lwsa.org/school>
- 2. Download and print the **registration packet**. (If you are unable to do this please let us know by email and indicate whether you would like us to **email** you a copy or **mail** it to you).
- 3. Please fill out the **complete** registration packet, including the registration form, the medical form and the release form.
- 4. Prepare a check for the appropriate amount. (Please make your check **payable to LWSA, Inc.**) Please contact us if payment terms are required.

Scholarships are available - please contact us if you need a scholarship application.

- 5. Mail **your completed packet and check** to our registrar at the address below. While we have agreed to hold a date for your student, your registration will not be confirmed until we have received everything.

Remember, please include:

- Your tuition check
 - Registration form
 - Medical form – 2 pages. **This form must be signed and witnessed.**
 - Release form. **This form must be signed.**
- 6. Once we have received everything, you will receive **an email confirmation** that your student is officially enrolled.

Please send completed registration packet to:

If sending by June 10th

Beth Darabant
20 Vine Brook Rd.
Lexington, MA 02421

If sending after June 10th

Anthony Sperazzo
33 Dillon Way #3
Laconia, NH 03246

If you have questions or need to **contact us** for any reason, please send us email from the website – <http://lwsa.org/school> or call **603 584-1173**



YOUTH SAILING PROGRAM REGISTRATION

STUDENT _____

PARENT _____ E-MAIL _____

PERMANENT ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

SEASONAL ADDRESS _____

CITY/STATE/ZIP _____

Summer Phone #s HOME _____ WORK _____ CELL _____

AGE _____ HEIGHT _____ WEIGHT _____

HOW DID YOU HEAR ABOUT US? _____

Please circle the session(s) **for which you have enrolled your student**. If you have not registered, please do so at <http://lwsa.org/school> before mailing this packet.

LWSA Sailing School Schedule - 2010 Season										
		Week								
		1 6/28	2 7/5	3 7/12	4 7/19	5 7/26	6 8/2	7 8/9	8 8/16	
Mon - Fri 9AM - 4PM	Level One Ages 8 - 10 101	Session 1 \$230	Session 2 \$260	Session 3 \$260	Session 4 \$260	Session 5 \$260	Session 6 \$260	Session 7 \$245	Session 8 \$230	
	Level One Ages 11 - 16 102	Session 1 \$380			Session 2 \$395			Session 3 \$380		
	Level Two Ages 8 - 10 201			Session 1 \$260			Session 2 \$260			
	Level Two Ages 11 - 16 202	Session 1 \$380			Session 2 \$395			Session 3 \$380		
	Racing Ages 8 - 16 301			Session 1 \$260			Session 2 \$260			
Mon - Thur 9AM - 12:00	Mighty Mini's Ages 6 - 7 M01			Session 1-AM \$125			Session 2-AM \$125			
Mon-Thur 1PM - 4PM	Mighty Mini's Ages 6 - 7 M01			Session 1-PM \$125			Session 2-PM \$125			
Mon & Wed 5PM - 8PM	Adult Learn to Sail 501	Session 1 \$300		Session 2 \$300		Session 3 \$300		Session 4 \$300		
Tuesdays 4:30 - 7:30PM	Racing Club		✓	✓	✓	✓	✓	✓	✓	
EARLY BIRD DISCOUNT - \$30 - for enrollments received by May 1										

**LWSA YOUTH SAILING PROGRAM
MEDICAL FORM**

All information contained herein will be kept confidential.

NAME: _____
Last First M.I.

Date of Birth: _____ Age: _____ Sex (M or F) _____

Address: _____

Parent/Guardian: _____
Name Relationship Phone
_____ Name Relationship Phone

Please indicate any existing physical handicaps, chronic ailments or allergies your child may have that may affect his/her class performance.

If your child has any psychological handicaps, such as anxieties, fears, hyperactivity or hypersensitivity please explain the nature of the handicap.

If your child has any learning disabilities, please describe the type of disability.

Personal Physician: _____
Name

Address

Phone

Family Dentist: _____
Name

Address

Phone

(PLEASE BE SURE TO FILL OUT BOTH PAGES)

In the event of an emergency contact:

1. _____
 Name Relationship

_____ &/or _____
 Business Phone Home Phone

2. _____
 Name Relationship

_____ &/or _____
 Business Phone Home Phone

Please sign the following release:

I, _____, parent (or legal guardian) of
 _____, a minor, hereby authorize the organizers of
 the Lake Winnepesaukee Sailing Association, Inc. Youth Sailing Program or their employees or volunteers to
 sanction emergency medical treatment if neither of the above emergency contacts can be reached at the time
 of the emergency. I agree to hold harmless the Lake Winnepesaukee Sailing Association, Inc. and the
 physician or hospital treating the above-mentioned minor.

Please list any allergies your child may have: _____

Please indicate any medical conditions your child may have: _____

Please list any medications your child is currently taking, including dosages: _____

Please indicate the date of your child's last tetanus immunization: _____

Health Insurance: Name of company: _____

Policy number: _____

Group number: _____

Date _____ Signed _____

Date _____ Witness _____

Please return the completed and signed medical form with your registration packet.

Lake Winnepesaukee Sailing Association, Inc.

YOUTH SAILING PROGRAM

ACKNOWLEDGMENT OF RISKS & HAZARDS LIABILITY RELEASE & AGREEMENT NOT TO SUE

Participant: (Please Print) _____ Age: _____ Sex: _____

1. I accept for use, as is, the equipment (if any) described on this form and accept full responsibility for its care while it is in the participant's possession or while he or she is using it. I agree to RELEASE, FOREVER DISCHARGE, INDEMNIFY, DEFEND and HOLD HARMLESS the Lake Winnepesaukee Sailing Association, Inc. (LWSA), for all loss or damage the participant may cause to this equipment due to misuse, negligence or neglect, except for reasonable wear and tear.
 2. I understand there are numerous risks and dangers inherent in the sport of sailing including but not limited to: continually changing weather and wind conditions, rough water and wave conditions, possibility of capsizing, immersion in lake water, failure of sailing equipment or boats, being struck by sailing equipment and boats and a multitude of other risks inherent to the activities of sailing, as well as collisions with other participants and spectators, or any of the objects included in this release. Further, I understand that there may be other risks not known to me or reasonably foreseeable at this time. I hereby assume any and all risks of property damage, personal injury or death arising from the participant's participation in the sport of sailing or his or her presence on the RELEASEES premises.
 3. I acknowledge I have been given the opportunity and been encouraged by RELEASEES to inspect the boats, sailing equipment, facilities and premises PRIOR to the participant's using the facilities. I understand and agree that, at all times while sailing or attending the Youth Sailing Program, whether practicing or competing, the participant will wear an approved personal flotation device (PFD). I also understand and accept that sailing competitively (both while practicing for competition and engaged in actual competition) is more hazardous than recreational sailing, and I accept for the participant and his or her heirs, executors, administrators and assigns, those additional or enhanced risks and hazards. I further understand that having a LWSA employee present does not lessen the amount or severity of the risks of these activities.
- Initials:** _____
4. I hereby freely and expressly assume and accept the responsibility for any and all risks of injury, death or property damage while participating in the LWSA Youth Sailing program, the sport of sailing or while present on RELEASEES premises, and I agree to RELEASE, FOREVER DISCHARGE, INDEMNIFY, DEFEND and HOLD HARMLESS Lake Winnepesaukee Sailing Association, Inc., and Winnepesaukee Yacht Club, Inc., Winnepesaukee Yacht Club Yard, Fay's Boatyard, Inc., their owners, directors, officers, agents, employees and land owners, hereafter RELEASEES, from any and all losses, damages, costs and attorney's fees resulting from any and all claims or suits for personal injury, death and/or property damage that may in any way arise out of the participant's participation in this activity, related activities, his or her use of the boats, associated equipment, or any equipment, or RELEASEES premises, regardless of how or by whom or by what the injury, death and/or property damage was caused.
 5. **I AGREE TO RELEASE, FOREVER DISCHARGE, INDEMNIFY, DEFEND, AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL CLAIMS, SUITS, COSTS AND ATTORNEYS FEES FOR DAMAGE AND PERSONAL INJURY TO THE PARTICIPANT OR HIS OR HER PROPERTY RESULTING FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE RELEASEES. I UNDERSTAND THAT THE RELEASEES ARE NOT RESPONSIBLE FOR THE CONSEQUENCES OF THEIR OWN NEGLIGENCE, THAT IS, THEIR FAILURE TO USE REASONABLE CARE IN ANY WAY.**
 6. I understand that this agreement shall be binding upon the participant's heirs, executors, administrators, and assigns and shall be governed by the applicable law of New Hampshire. I also understand that if any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree that any claims that I may bring against the RELEASEES shall be submitted to the jurisdiction of the State or Federal courts of New Hampshire and that no claims against the RELEASEES shall be brought in any other jurisdiction. I agree that there have been no warranties, expressed or implied, which have been made to me, which extend beyond the description of the equipment listed on this form.
 7. I consent to the use by RELEASEES of any images (video and print) for commercial purposes, or otherwise, of the participant in connection with my participation in the activities of RELEASEES, without restriction as to frequency, duration or medium.
 8. I understand that permission to use RELEASEES boats, equipment and premises is being given to the participant in exchange for the execution of this Liability Release and Agreement Not to Sue.
 9. I have read the above paragraphs and fully understand them. I understand that this is a RELEASE OF LIABILITY which will legally prevent me or any other person from filing suit or making any other claims for damages in the event of personal injury, death or property damage. I freely and voluntarily enter into this agreement. I have made no misrepresentations to RELEASEES regarding the participant's name or age. I intend this document to be interpreted as broadly as permissible by New Hampshire law.

As parent/guardian signing this agreement for the above named minor, I acknowledge and agree that I have read the above document, and that by signing this document on behalf of the minor, the minor and I agree to be bound by its terms. I hereby agree to INDEMNIFY, DEFEND and HOLD HARMLESS the RELEASEES for any claim or suit arising out of said minor's participation in the activity or said minor's presence on RELEASEES premises.

Parent/Guardian: _____
Signature Name - Please Print Date

WHAT TO BRING TO CLASS

All students should bring the following items to class each day, including the first day:

Wear a swimsuit and closed toe footwear (no flipflops).

Bring:

- Coast Guard approved life jacket that fits properly.
- Sunglasses and/or hat.
- Sunscreen 15+
- Water in a squeeze bottle or other unbreakable container.
- Lunch
- A couple of packaged snacks (e.g. granola bars) that can be passed out on the water
- Towel
- Change of clothes or warm clothes, as necessary, such as a sweatshirt and sweatpants.
- A note indicating any current medications and dosages (not previously indicated on the medical form) to update the medical records, in the event of an emergency.

Please arrive before 9AM each morning, and plan to pick up your child by 4:00 each day. (For half-day classes: 9:00AM - 12:00PM or 1:00PM - 4:00PM). You will be required to sign your child in and out of the program, morning and afternoon each day in the upstairs classroom. We hope you'll take this as an opportunity to meet our staff and be directly involved in the daily activities in and around the classroom, and on the water!

Fays boat yard is located on Varney Point Road in Gilford. Varney Point road is off Route 11, about 300 yards East of the intersection of Routes 11 and 11b. When entering the boatyard, drive around the store, turn right and look for the stairs leading up to the classroom.



See the website for links to detailed maps and driving directions:

<http://www.lwsa.org/school>

Have you remembered ???

to

sign



witness

your medical form and sign the waiver of liability?

... and to

enclose your payment?



Thanks!